

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☐ This is an **initial*** Statement of Organization
- ☒ This is an **amended*** Statement of Organization

* An initial Statement of Organization should be filed within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$500. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

FORM

DR-1

(Rev. 02/96)

STATEMENT

OF
ORGANIZATION

For Office Use Only

Comm. # 9059
Indexed _____
Audited _____
Computer DM

COMMITTEE NAME (Required by law)

DES MOINES County Republican Central Committee

IMPORTANT: Indicate type of committee you are reporting for: ☒

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER

(This address used for all reminders and correspondence)

CO-CHAIR
COMMITTEE CHAIR

(List additional officers on separate page)

Name

Kendra Jahn

Mailing Address

19600 115th Ave.

City, State Zip Code

Sperry, IA 52650

Home Phone (319) 985-2289

Day Phone () _____

Name

HAROLD MASSNER

Mailing Address

2226 Vogt

City, State Zip Code

BURLINGTON IA 52601

Home Phone () _____

Day Phone (319) 752-5488

PACs: INDICATE PURPOSE OF COMMITTEE

All Candidates Enter:

Office Sought: _____ District: _____

Political Party (if applicable) _____ Year Standing for Election: _____

County/Local Candidates and Local Ballot/Franchise Committees Enter: _____

County: _____ Date of Election: _____

Bank Account Name

DES MOINES County Republican Central Committee

Name of Financial Institution/Type of Account

FARMERS MERCHANTS BANK & TRUST

Mailing Address

P.O. BOX 928

City State Zip

BURLINGTON IA 52601

Candidate Name & Address or Parent Entity (PACs, if applicable),
Affiliate, or Sponsor

Mailing Address

City State Zip

Home Phone () _____

Day Phone () _____

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

(Statement of intent required by law for all committees, except state parties and central committees.)

Indicate disposition of funds by marking appropriate number in box: ☐

- | | |
|--|--|
| (1) DONATED TO _____ COUNTY CENTRAL COMMITTEE | (6) PRORATED REFUND TO CONTRIBUTORS |
| (2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one) | (7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY) |
| (3) DONATED TO CHARITABLE ORGANIZATION (specify) _____ | (8) RETURN TO PARENT ENTITY GENERAL FUND (PACs ONLY) |
| (4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one) | (9) OTHER (PACs ONLY), PLEASE BE SPECIFIC |
| (5) PARTISAN CONGRESSIONAL DISTRICT FUND | |

STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of five hundred dollars in a calendar year for the purpose of supporting or opposing any candidate for public office or ballot issue. I am also aware that late-filed reports are subject to civil penalties (fines) under the disclosure law. I also understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports. Finally, I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer

Signature of Candidate or Chairperson (if a PAC)

new co-chairperson

Date Signed

Date Signed